

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 28/12/2021 11:47 (SGT)  
Date of Accident ..... 27/12/2021 16:40 (SGT)  
Exact Location of Accident ..... Keppel Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDM2404P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KWONG KEJIAN  
NRIC No ..... S9109597A  
Email Address ..... autohub325@gmail.com  
Mobile Phone No ..... (Phone) +65-98174845  
Alternative Phone No ..... +65-98174845

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Axio  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00253192101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KWONG KEJIAN  
NRIC No ..... S9109597A

|                                                                    |                      |
|--------------------------------------------------------------------|----------------------|
| Date Of Birth .....                                                | 26/03/1991           |
| Occupation .....                                                   | Outdoor              |
| Date Of Driving Pass .....                                         | 11/12/2009           |
| Driving experience .....                                           | 12 YEARS             |
| Gender .....                                                       | Male                 |
| Mobile Number .....                                                | (Phone) +65-98174845 |
| Alt. Phone Number .....                                            | +65-98174845         |
| Email Address .....                                                | autohub325@gmail.com |
| Address .....                                                      | BLK 221A SUMANG LANE |
| Address complement .....                                           | #12-15               |
| Postcode .....                                                     | 821221               |
| Is the driver the policyholder? .....                              | Yes                  |
| If No, Relationship of the Driver with the Insured .....           | -                    |
| Does Driver Own Other Vehicles? .....                              | No                   |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -                    |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                    |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |                 |
|--------------------------|-----------------|
| Type of Accident .....   | Chain Collision |
| Weather Conditions ..... | Clear           |
| Road Surface .....       | Dry             |

#### OTHER INFORMATION

|                                                                                                           |     |
|-----------------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident? .....                                                   | No  |
| Number of vehicles involved in the accident .....                                                         | 3   |
| Was anybody injured in the Accident? .....                                                                | Yes |
| Was any injured conveyed to hospital by ambulance? .....                                                  | No  |
| Was any other vehicle or property damaged? .....                                                          | Yes |
| Number of Passengers (Including Driver) .....                                                             | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |              |
|--------------|--------------|
| Name .....   | SIM YAN TEEN |
| Gender ..... | Female       |

#### PASSENGER 2

|              |                       |
|--------------|-----------------------|
| Name .....   | SARAH KWONG JING XUAN |
| Gender ..... | Female                |

#### DETAILS OF POLICE ACTION

|                                                 |                                  |
|-------------------------------------------------|----------------------------------|
| Was the accident reported to the police? .....  | Yes                              |
| Police Station Name .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20211228/7004

#### ATTACHMENT(S)

|                                                     |     |
|-----------------------------------------------------|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |
| Was there any audio recorded? .....                 | Yes |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|                                               |                               |
|-----------------------------------------------|-------------------------------|
| Vehicle Registration Number .....             | SJV8290S                      |
| Vehicle Manufacturer .....                    | Volkswagen                    |
| Vehicle Model .....                           | -                             |
| Vehicle Variant .....                         | -                             |
| Vehicle Colour .....                          | -                             |
| Vehicle Category .....                        | Private car                   |
| Name of Driver .....                          | CHEW GIM CHUAN (ZHOU JINQUAN) |
| NRIC No .....                                 | S7537178J                     |
| Contact Number .....                          | -                             |
| Address .....                                 | -                             |
| Address complement .....                      | -                             |
| Postcode .....                                | -                             |
| Insurance Company Name .....                  | -                             |
| Nature Of Damage .....                        | -                             |
| Details of property damaged in accident ..... | -                             |
| No. Of Passenger (Including Driver) .....     | -                             |

## DETAILS OF OTHER VEHICLE PROPERTY 2

|                                               |               |
|-----------------------------------------------|---------------|
| Vehicle Registration Number .....             | SHC1325X      |
| Vehicle Manufacturer .....                    | Hyundai       |
| Vehicle Model .....                           | -             |
| Vehicle Variant .....                         | -             |
| Vehicle Colour .....                          | -             |
| Vehicle Category .....                        | Taxi          |
| Name of Driver .....                          | TANG CHEE LOK |
| NRIC No .....                                 | S1279069D     |
| Contact Number .....                          | -             |
| Address .....                                 | -             |
| Address complement .....                      | -             |
| Postcode .....                                | -             |
| Insurance Company Name .....                  | -             |
| Nature Of Damage .....                        | -             |
| Details of property damaged in accident ..... | -             |
| No. Of Passenger (Including Driver) .....     | -             |

## INJURED PERSONS DETAILS

### INJURED 1

|                                                           |              |
|-----------------------------------------------------------|--------------|
| Name of injured person .....                              | KWONG KEJIAN |
| Gender .....                                              | Male         |
| Phone No .....                                            | -            |
| Address .....                                             | -            |
| Address Complement .....                                  | -            |
| Post Code .....                                           | -            |
| Approximate Age Years Old .....                           | -            |
| Injuries Sustained .....                                  | SLIGHT       |
| Injured person in which vehicle? .....                    | SDM2404P     |
| Were seat belts worn? .....                               | Yes          |
| Was this injured conveyed to hospital by ambulance? ..... | No           |

### INJURED 2

|                                        |              |
|----------------------------------------|--------------|
| Name of injured person .....           | SIM YAN TEEN |
| Gender .....                           | Female       |
| Phone No .....                         | -            |
| Address .....                          | -            |
| Address Complement .....               | -            |
| Post Code .....                        | -            |
| Approximate Age Years Old .....        | -            |
| Injuries Sustained .....               | SLIGHT       |
| Injured person in which vehicle? ..... | -            |
| Were seat belts worn? .....            | -            |

Was this injured conveyed to hospital by ambulance? ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that:  
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"). the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

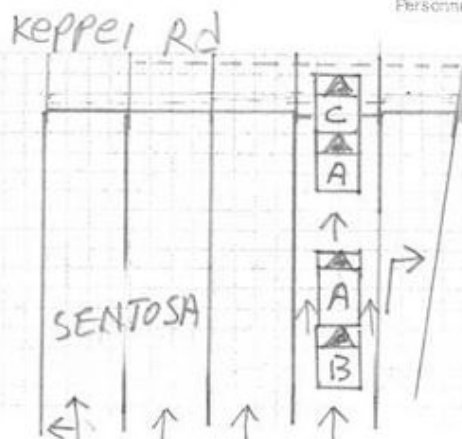
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A-SJM2404P  
B-SJV8290S  
C-SHC1325X



## Describe Circumstances of the Accident

I was moving straight at Kappel Rd. Taxi from the front cut from left hand lane and E-brake. I apply brake and stop. After I stop, impact from the back car push my car toward hitting the front taxi.

— Refer to the police report: T/20211228/7004. —

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (if driver is not the policyholder) / Date & Time

 28/12/21  
Witnessed by Reporting Centre Personnel



































































**SINGAPORE  
POLICE FORCE**



T/20211228/7004

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20211228/7004

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                  |                    |
|--------------------------------------------|------------------|--------------------|
| Date/Time Report Made:<br>28/12/2021 11:27 | Vide Report No.: | Station Diary No.: |
|--------------------------------------------|------------------|--------------------|

| Informant's Particulars                     |            |                              |                                                          |                            |  |
|---------------------------------------------|------------|------------------------------|----------------------------------------------------------|----------------------------|--|
| Name of Informant:<br>KWONG KEJIAN          |            |                              | Address:<br>221A SUMANG LANE #12-15 SINGAPORE 821221     |                            |  |
| ID Type / ID No.:<br>NRIC NO / S9109597A    |            |                              | Contact No.:<br>Home/Office: Mobile: 98174845            |                            |  |
| Nationality:<br>SINGAPORE CITIZEN           |            |                              | Email:<br>kwong406@hotmail.com                           |                            |  |
| Sex:<br>Male                                | Age:<br>30 | Date of Birth:<br>26/03/1991 | Type of Informant:<br>Vehicle Owner                      |                            |  |
| Race:<br>Chinese                            |            |                              | Language:<br>English                                     | Institution / School Name: |  |
| Occupation:<br>Supervisor, Field Operations |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry: |                            |  |

| General Information of the Accident                           |                  |                                             |                                            |                                     |
|---------------------------------------------------------------|------------------|---------------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident:                                             | Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>27/12/2021 16:40 | Type of Location:<br>Straight Road  |
| Location:<br><br>KEPPEL ROAD                                  |                  |                                             |                                            |                                     |
| Weather:<br>Clear                                             |                  | Road Surface:<br>Dry                        | Road Speed Limit:<br>50 Km/h               |                                     |
| Traffic Flow:<br>One Way                                      |                  | Traffic Control:<br>Traffic Light - Working |                                            | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                  |                                             |                                            | Anyone conveyed by ambulance:<br>No |

| Details of Vehicle Involved |      |                |       |       |          |       |
|-----------------------------|------|----------------|-------|-------|----------|-------|
| Vehicle No.                 | Type | Make           | Model | Color | Conditio | No of |
| SDM2404P                    | Car  | TOYOTA         | Axio  | Beige |          | 2     |
| SHC1325X                    | Car  | HYUNDAI        |       | Blue  |          | 0     |
| SJV8290S                    | Car  | VOLKSWAGO<br>N |       | Grey  |          | 0     |



**SINGAPORE  
POLICE FORCE**



T/20211228/7004

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20211228/7004

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                                     |                                   |                                 |
|-----------------------------------|-------------------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No       |                                     |                                   |                                 |
| No. of Pedestrians Injured: NIL   |                                     | Use of Pedestrian Crossing: NA    |                                 |
| <b>Passenger</b>                  |                                     |                                   |                                 |
| Name                              | SIM YAN TEEN                        | ID No.                            | S9210384F                       |
| Related Vehicle                   | SDM2404P (Car)                      | Contact No.                       | 98159836                        |
| Hospital/Clinic                   | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 27/12/2021                          | Date                              | 27/12/2021                      |
| No. of Days granted Medical Leave | 03                                  | Degree of                         | Slight                          |
| <b>Vehicle Owner</b>              |                                     |                                   |                                 |
| Name                              | KWONG KEJIAN                        | ID No.                            | S9109597A                       |
| Related Vehicle                   | SDM2404P (Car)                      | Contact No.                       | 98174845                        |
| Hospital/Clinic                   | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 27/12/2021                          | Date                              | 27/12/2021                      |
| No. of Days granted Medical Leave | 03                                  | Degree of                         | Slight                          |

**Brief Details.**

I was travelling on Keppel Road toward Vivo City direction and was stopping at the junction just outside the entrance of Keppel Terminal. When the light is green, I accelerate slowly to move straight and a Taxi cut from the left and apply E brake at the Junction on a lane that is going straight. Hence I horn and apply brake and stop behind the taxi. Shortly, an impact from the back had push my car hitting the front Taxi. In additional, my car do had a front camera that capture the actual footage of the accident.





**SINGAPORE  
POLICE FORCE**



T/20211228/7004

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20211228/7004

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
28/12/2021 11:27

Classification Of Case: